



Charity Direct Debit & Gift Aid Declaration

want to receive further communications from us $\ensuremath{\square}$

Instruction to your bank or building s	ociety to pay by Direct Debit. Please complete	this section in black ink and in block capitals.
Account Holder		
Bank/building society account number	er	
Branch sort code		
Name and address of your bank.		
To: The Manager/ Bank/Building Soci	ety	
Address		
Instruction to your bank or buildi		
	bits from the account detailed in this instruction to support The Hair Project charity with the fol	
Amount: £	□ Monthly □ Quarterly □ Annually	
Date of First Payment	☐ Until further notice, or ☐ Date of last payment	
Signature(s)	Date	
Gift Aid - Boost your donation by	25p of Gift Aid for every £1	
Gift Aid is reclaimed by the charity from needed to identify you as a current U	om the tax you pay for the current tax year. K taxpayer.	giftaid it Your address is
In order to Gift Aid your donation you	u must tick the box below:	
I want to Gift Aid my donation of £ The Hair Project.	and any donations I make in the	e future or have made in the past 4 years to
• •	nat if I pay less Income Tax and/or Capital Gain my responsibility to pay any difference.	
My Details		
Title First name	Surname	
Home address		
Email	Signature	Date
Please notify the charity if you: 2 was sufficient tax on your income and/or	ant to cancel this declaration ② change your na	me or home address 🛭 no longer pay

The Hair Project, Registered UK charity No: Pending. The Shaw, Brasted Chart, Westerham, Kent, TN16 1LX

If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include

All information you provide us with will be treated in accordance with the Data Protection Act. Please tick this box if you do not

all your Gift Aid donations on your Self-Assessment tax return or ask HM Revenue and Customs to adjust your tax code.